FOR OHF USE

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2004
STATE OF ILLINOIS
DEPARTMENT OF PUBLIC AID
FINANCIAL AND STATISTICAL REPORT FOR LONG-TERM CARE FACILITIES
(FISCAL YEAR 2004)

IMPORTANT NOTICE
THIS AGENCY IS REQUESTING DISCLOSURE OF INFORMATION THAT IS NECESSARY TO ACCOMPLISH THE STATUTORY PURPOSE AS OUTLINED IN 210 ILCS 45/3-208. DISCLOSURE OF THIS INFORMATION IS MANDATORY. FAILURE TO PROVIDE ANY INFORMATION ON OR BEFORE THE DUE DATE WILL RESULT IN CESSATION OF PROGRAM PAYMENTS. THIS FORM HAS BEEN APPROVED BY THE FORMS MANAGEMENT CENTER.

I. IDPH Facility ID Number: 0005363

Facility Name: Snyders-Vaughn Haven

Address: 135 S. Morgan St. (Number) Rushville (City) 62681 (Zip Code)

County: Schuyler

Telephone Number: (217) 322-3420 **Fax #** (217) 322-6537

IDPA ID Number: 370894651001

Date of Initial License for Current Owners: 1966

Type of Ownership:

	VOLUNTARY,NON-PROFIT	X	PROPRIETARY		GOVERNMENTAL
	Charitable Corp.		Individual		State
	Trust		Partnership		County
IRS Exemption Code		X	Corporation		Other
			"Sub-S" Corp.		
			Limited Liability Co.		
			Trust		
			Other		

In the event there are further questions about this report, please contact:
Name: Charles J. Fischer **Telephone Number:** (312) 384-6000
Please send copies of desk review and audit adjustments to address on this page

II. CERTIFICATION BY AUTHORIZED FACILITY OFFICER

I have examined the contents of the accompanying report to the State of Illinois, for the period from 01/01/04 to 12/31/04 and certify to the best of my knowledge and belief that the said contents are true, accurate and complete statements in accordance with applicable instructions. Declaration of preparer (other than provider) is based on all information of which preparer has any knowledge.

Intentional misrepresentation or falsification of any information in this cost report may be punishable by fine and/or imprisonment.

Officer or Administrator of Provider
(Signed) _____ (Date)
(Type or Print Name) _____
(Title) _____

Paid Preparer
(Signed) SEE ACCOUNTANTS' COMPILATION REPORT (Date)
(Print Name and Title) _____
(Firm Name & Address) Altschuler, Melvoin and Glasser LLP, One South Wacker Drive, Suite 800, Chicago, IL 60606
(Telephone) (312) 384-6000 Fax # (312) 634-5518

MAIL TO: OFFICE OF HEALTH FINANCE
ILLINOIS DEPARTMENT OF PUBLIC AID
201 S. Grand Avenue East
Springfield, IL 62763-0001 Phone # (217) 782-1630

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Snyders-Vaughn Haven # 0005363 Report Period Beginning: 01/01/04 Ending: 12/31/04

III. STATISTICAL DATA

A. Licensure/certification level(s) of care; enter number of beds/bed days, (must agree with license). Date of change in licensed beds N/A

	1 Beds at Beginning of Report Period	2 Licensure Level of Care	3 Beds at End of Report Period	4 Licensed Bed Days During Report Period	
1	49	Skilled (SNF)	49	17,934	1
2		Skilled Pediatric (SNF/PED)			2
3	50	Intermediate (ICF)	50	18,300	3
4		Intermediate/DD			4
5		Sheltered Care (SC)			5
6		ICF/DD 16 or Less			6
7	99	TOTALS	99	36,234	7

B. Census-For the entire report period.

	1 Level of Care	2 Patient Days by Level of Care and Primary Source of Payment: Public Aid Recipient	3 Private Pay	4 Other	5 Total	
8	SNF	3,342	1,680	1,523	6,545	8
9	SNF/PED					9
10	ICF	8,818	6,512		15,330	10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	12,160	8,192	1,523	21,875	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 60.37%

D. How many bed-hold days during this year were paid by Public Aid?
None (Do not include bed-hold days in Section B.)

E. List all services provided by your facility for non-patients.
(E.g., day care, "meals on wheels", outpatient therapy)
None

F. Does the facility maintain a daily midnight census? Yes

G. Do pages 3 & 4 include expenses for services or investments not directly related to patient care?
YES [X] NO [ ] Non-allowable costs have been eliminated in Schedule V, Column 7.

H. Does the BALANCE SHEET (page 17) reflect any non-care assets?
YES [ ] NO [X]

I. On what date did you start providing long term care at this location?
Date started 1966

J. Was the facility purchased or leased after January 1, 1978?
YES [X] Date 1992 NO [ ]

K. Was the facility certified for Medicare during the reporting year?
YES [X] NO [ ] If YES, enter number of beds certified 17 and days of care provided 1,523

Medicare Intermediary Mutual of Omaha

IV. ACCOUNTING BASIS

ACCRUAL [X] MODIFIED CASH* [ ] CASH* [ ]

Is your fiscal year identical to your tax year? YES [X] NO [ ]

Tax Year: 12/31/04 Fiscal Year: 12/31/04

* All facilities other than governmental must report on the accrual basis.

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Snyders-Vaughn Haven # 0005363 **Report Period Beginning:** 01/01/04 **Ending:** 12/31/04

V. COST CENTER EXPENSES (throughout the report, please round to the nearest dollar)

	Operating Expenses	Costs Per General Ledger Salary/Wage 1	Supplies 2	Other 3	Total 4	Reclass-ification 5	Reclassified Total 6	Adjust-ments 7**	Adjusted Total 8	FOR OHF USE ONLY 9	10	
	A. General Services											
1	Dietary	135,534	16,587		152,121		152,121		152,121			1
2	Food Purchase		109,655		109,655		109,655	(1,143)	108,512			2
3	Housekeeping	51,169	7,238	955	59,362		59,362		59,362			3
4	Laundry	33,021	14,174		47,195		47,195		47,195			4
5	Heat and Other Utilities			75,881	75,881		75,881		75,881			5
6	Maintenance	42,822	19,283	21,107	83,212		83,212		83,212			6
7	Other (specify):*											7
8	**TOTAL General Services**	262,546	166,937	97,943	527,426		527,426	(1,143)	526,283			8
	B. Health Care and Programs											
9	Medical Director											9
10	Nursing and Medical Records	691,981	40,940	2,486	735,407		735,407		735,407			10
10a	Therapy	38,123	870	40,269	79,262		79,262		79,262			10a
11	Activities	12,629	3,401	997	17,027		17,027		17,027			11
12	Social Services	19,281		3,840	23,121		23,121		23,121			12
13	Nurse Aide Training											13
14	Program Transportation											14
15	Other (specify):*											15
16	**TOTAL Health Care and Programs**	762,014	45,211	47,592	854,817		854,817		854,817			16
	C. General Administration											
17	Administrative	153,951			153,951		153,951		153,951			17
18	Directors Fees											18
19	Professional Services			24,513	24,513		24,513		24,513			19
20	Dues, Fees, Subscriptions & Promotions			13,621	13,621		13,621	(460)	13,161			20
21	Clerical & General Office Expenses	45,181	6,230	22,199	73,610		73,610	(1,221)	72,389			21
22	Employee Benefits & Payroll Taxes			106,846	106,846		106,846	31,837	138,683			22
23	Inservice Training & Education											23
24	Travel and Seminar			1,161	1,161		1,161		1,161			24
25	Other Admin. Staff Transportation			5,384	5,384		5,384		5,384			25
26	Insurance-Prop.Liab.Malpractice			89,366	89,366		89,366		89,366			26
27	Other (specify):*											27
28	**TOTAL General Administration**	199,132	6,230	263,090	468,452		468,452	30,156	498,608			28
29	**TOTAL Operating Expense (sum of lines 8, 16 & 28)**	1,223,692	218,378	408,625	1,850,695		1,850,695	29,013	1,879,708			29

***Attach a schedule if more than one type of cost is included on this line, or if the total exceeds $1000.** SEE ACCOUNTANTS' COMPILATION REPORT

NOTE: Include a separate schedule detailing the reclassifications made in column 5. Be sure to include a detailed explanation of each reclassification.

Facility Name & ID Number Snyders-Vaughn Haven #0005363 Report Period Beginning: 01/01/04 Ending: 12/31/04

V. COST CENTER EXPENSES (continued)

	Capital Expense	Cost Per General Ledger Salary/Wage 1	Supplies 2	Other 3	Total 4	Reclass-ification 5	Reclassified Total 6	Adjust-ments 7**	Adjusted Total 8	FOR OHF USE ONLY 9	10	
	D. Ownership											
30	Depreciation			40,546	40,546		40,546	33,714	74,260			30
31	Amortization of Pre-Op. & Org.											31
32	Interest			651	651		651	46,869	47,520			32
33	Real Estate Taxes			29,857	29,857		29,857	(441)	29,416			33
34	Rent-Facility & Grounds			216,000	216,000		216,000	(216,000)				34
35	Rent-Equipment & Vehicles			4,064	4,064		4,064		4,064			35
36	Other (specify):*											36
37	**TOTAL Ownership**			291,118	291,118		291,118	(135,858)	155,260			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers		34,641	13,723	48,364		48,364		48,364			39
40	Barber and Beauty Shops			864	864		864		864			40
41	Coffee and Gift Shops											41
42	Provider Participation Fee			55,028	55,028		55,028		55,028			42
43	Other (specify):* Nonallowable Costs			22,863	22,863		22,863	(22,863)				43
44	**TOTAL Special Cost Centers**		34,641	92,478	127,119		127,119	(22,863)	104,256			44
45	**GRAND TOTAL COST (sum of lines 29, 37 & 44)**	1,223,692	253,019	792,221	2,268,932		2,268,932	(129,708)	2,139,224			45

***Attach a schedule if more than one type of cost is included on this line, or if the total exceeds $1000.**

****See schedule of adjustments attached at end of cost report.**

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Snyders-Vaughn Haven # 0005363 Report Period Beginning: 01/01/04 Ending: 12/31/04

VI. ADJUSTMENT DETAIL

A. The expenses indicated below are non-allowable and should be adjusted out of Schedule V, pages 3 or 4 via column 7. In column 2 below, reference the line on which the particular cost was included. (See instructions.)

	NON-ALLOWABLE EXPENSES	1 Amount	2 Refer-ence	3 OHF USE ONLY	
1	Day Care	$		$	1
2	Other Care for Outpatients				2
3	Governmental Sponsored Special Programs				3
4	Non-Patient Meals	(152)	2		4
5	Telephone, TV & Radio in Resident Rooms	(2,501)	43		5
6	Rented Facility Space				6
7	Sale of Supplies to Non-Patients				7
8	Laundry for Non-Patients				8
9	Non-Straightline Depreciation	1,802	30		9
10	Interest and Other Investment Income	(489)	32		10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax	(4,839)	43		13
14	Non-Care Related Interest				14
15	Non-Care Related Owner's Transactions				15
16	Personal Expenses (Including Transportation)				16
17	Non-Care Related Fees				17
18	Fines and Penalties				18
19	Entertainment				19
20	Contributions				20
21	Owner or Key-Man Insurance				21
22	Special Legal Fees & Legal Retainers				22
23	Malpractice Insurance for Individuals				23
24	Bad Debt				24
25	Fund Raising, Advertising and Promotional				25
26	Income Taxes and Illinois Personal Property Replacement Tax				26
27	Nurse Aide Training for Non-Employees				27
28	Yellow Page Advertising	(1,221)	21		28
29	Other-Attach Schedule See Pg 5A	14,422	var		29
30	**SUBTOTAL (A): (Sum of lines 1-29)**	$ 7,022		$	30

OHF USE ONLY								
48		49		50		51		52

B. If there are expenses experienced by the facility which do not appear in the general ledger, they should be entered below.(See instructions.)

		1 Amount	2 Reference	
31	Non-Paid Workers-Attach Schedule*	$		31
32	Donated Goods-Attach Schedule*			32
33	Amortization of Organization & Pre-Operating Expense			33
34	Adjustments for Related Organization Costs (Schedule VII)	(136,730)		34
35	Other- Attach Schedule			35
36	**SUBTOTAL (B): (sum of lines 31-35)**	$ (136,730)		36
37	**TOTAL ADJUSTMENTS (sum of SUBTOTALS (A) and (B))**	$ (129,708)		37

***These costs are only allowable if they are necessary to meet minimum licensing standards. Attach a schedule detailing the items included on these lines.**

C. Are the following expenses included in Sections A to D of pages 3 and 4? If so, they should be reclassified into Section E. Please reference the line on which they appear before reclassification. (See instructions.)

		1 Yes	2 No	3 Amount	4 Reference	
38	Medically Necessary Transport.		x	$		38
39						39
40	Gift and Coffee Shops		x			40
41	Barber and Beauty Shops		x			41
42	Laboratory and Radiology		x			42
43	Prescription Drugs		x			43
44	Exceptional Care Program		x			44
45	Other-Attach Schedule		x			45
46	Other-Attach Schedule		x			46
47	**TOTAL (C): (sum of lines 38-46)**			$		47

SEE ACCOUNTANTS' COMPILATION REPORT

Snyders-Vaughn Haven

ID# 0005363

Report Period Beginning: 01/01/04

Ending: 12/31/04

	NON-ALLOWABLE EXPENSES	Amount	Sch. V Line Reference	
1	Medicare Lab	$ (15,523)	43	1
2	Vending income	(991)	2	2
3	Nonallowable dues	(460)	20	3
4	Worker's compensation adjustment	31,837	22	4
5	Real Estate Tax	(441)	33	5
6				6
7				7
8				8
9				9
10				10
11				11
12				12
13				13
14				14
15				15
16				16
17				17
18				18
19				19
20				20
21				21
22				22
23				23
24				24
25				25
26				26
27				27
28				28
29				29
30				30
31				31
32				32
33				33
34				34
35				35
36				36
37				37
38				38
39				39
40				40
41				41
42				42
43				43
44				44
45				45
46				46
47				47
48				48
49	**Total**	14,422		49

Snyders-Vaughn Haven
Provider #: 0005363
01/01/04 to 12/31/04 **Schedule 5A**

VI. Adjustment Detail
Line 29 - Other

Non-allowable expenses	Amount	Reference

SEE ACCOUNTANTS' COMPILATION REPORT

STATE OF ILLINOIS

Summary A

Facility Name & ID Number Snyders-Vaughn Haven # 0005363 **Report Period Beginning:** 01/01/04 **Ending:** 12/31/04

SUMMARY OF PAGES 5, 5A, 6, 6A, 6B, 6C, 6D, 6E, 6F, 6G, 6H AND 6I

	Operating Expenses	PAGES	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	SUMMARY TOTALS	
	A. General Services	5 & 5A	6	6A	6B	6C	6D	6E	6F	6G	6H	6I	(to Sch V, col.7)	
1	Dietary	0	0	0	0	0	0	0	0	0	0	0	0	1
2	Food Purchase	(1,143)	0	0	0	0	0	0	0	0	0	0	(1,143)	2
3	Housekeeping	0	0	0	0	0	0	0	0	0	0	0	0	3
4	Laundry	0	0	0	0	0	0	0	0	0	0	0	0	4
5	Heat and Other Utilities	0	0	0	0	0	0	0	0	0	0	0	0	5
6	Maintenance	0	0	0	0	0	0	0	0	0	0	0	0	6
7	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	7
8	**TOTAL General Services**	(1,143)	0	0	0	0	0	0	0	0	0	0	(1,143)	8
	B. Health Care and Programs													
9	Medical Director	0	0	0	0	0	0	0	0	0	0	0	0	9
10	Nursing and Medical Records	0	0	0	0	0	0	0	0	0	0	0	0	10
10a	Therapy	0	0	0	0	0	0	0	0	0	0	0	0	10a
11	Activities	0	0	0	0	0	0	0	0	0	0	0	0	11
12	Social Services	0	0	0	0	0	0	0	0	0	0	0	0	12
13	Nurse Aide Training	0	0	0	0	0	0	0	0	0	0	0	0	13
14	Program Transportation	0	0	0	0	0	0	0	0	0	0	0	0	14
15	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	15
16	**TOTAL Health Care and Programs**	0	0	0	0	0	0	0	0	0	0	0	0	16
	C. General Administration													
17	Administrative	0	0	0	0	0	0	0	0	0	0	0	0	17
18	Directors Fees	0	0	0	0	0	0	0	0	0	0	0	0	18
19	Professional Services	0	0	0	0	0	0	0	0	0	0	0	0	19
20	Fees, Subscriptions & Promotions	(460)	0	0	0	0	0	0	0	0	0	0	(460)	20
21	Clerical & General Office Expenses	(1,221)	0	0	0	0	0	0	0	0	0	0	(1,221)	21
22	Employee Benefits & Payroll Taxes	31,837	0	0	0	0	0	0	0	0	0	0	31,837	22
23	Inservice Training & Education	0	0	0	0	0	0	0	0	0	0	0	0	23
24	Travel and Seminar	0	0	0	0	0	0	0	0	0	0	0	0	24
25	Other Admin. Staff Transportation	0	0	0	0	0	0	0	0	0	0	0	0	25
26	Insurance-Prop.Liab.Malpractice	0	0	0	0	0	0	0	0	0	0	0	0	26
27	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	27
28	**TOTAL General Administration**	30,156	0	0	0	0	0	0	0	0	0	0	30,156	28
29	**TOTAL Operating Expense (sum of lines 8,16 & 28)**	29,013	0	0	0	0	0	0	0	0	0	0	29,013	29

STATE OF ILLINOIS

Summary B

Facility Name & ID Number Snyders-Vaughn Haven # 0005363 **Report Period Beginning:** 01/01/04 **Ending:** 12/31/04

SUMMARY OF PAGES 5, 5A, 6, 6A, 6B, 6C, 6D, 6E, 6F, 6G, 6H AND 6I

	Capital Expense	PAGES	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	SUMMARY TOTALS	
	D. Ownership	5 & 5A	6	6A	6B	6C	6D	6E	6F	6G	6H	6I	(to Sch V, col.7)	
30	Depreciation	1,802	31,912	0	0	0	0	0	0	0	0	0	33,714	30
31	Amortization of Pre-Op. & Org.	0	0	0	0	0	0	0	0	0	0	0	0	31
32	Interest	(489)	47,358	0	0	0	0	0	0	0	0	0	46,869	32
33	Real Estate Taxes	(441)	0	0	0	0	0	0	0	0	0	0	(441)	33
34	Rent-Facility & Grounds	0	(216,000)	0	0	0	0	0	0	0	0	0	(216,000)	34
35	Rent-Equipment & Vehicles	0	0	0	0	0	0	0	0	0	0	0	0	35
36	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	36
37	**TOTAL Ownership**	872	(136,730)	0	0	0	0	0	0	0	0	0	(135,858)	37
	Ancillary Expense													
	E. Special Cost Centers													
38	Medically Necessary Transportation	0	0	0	0	0	0	0	0	0	0	0	0	38
39	Ancillary Service Centers	0	0	0	0	0	0	0	0	0	0	0	0	39
40	Barber and Beauty Shops	0	0	0	0	0	0	0	0	0	0	0	0	40
41	Coffee and Gift Shops	0	0	0	0	0	0	0	0	0	0	0	0	41
42	Provider Participation Fee	0	0	0	0	0	0	0	0	0	0	0	0	42
43	Other (specify):*	(22,863)	0	0	0	0	0	0	0	0	0	0	(22,863)	43
44	**TOTAL Special Cost Centers**	(22,863)	0	0	0	0	0	0	0	0	0	0	(22,863)	44
45	**GRAND TOTAL COST (sum of lines 29, 37 & 44)**	7,022	(136,730)	0	0	0	0	0	0	0	0	0	(129,708)	45

Facility Name & ID Number Snyders-Vaughn Haven # 0005363 Report Period Beginning: 01/01/04 Ending: 12/31/04

VII. RELATED PARTIES

A. Enter below the names of ALL owners and related organizations (parties) as defined in the instructions. Attach an additional schedule if necessary.

1 OWNERS		2 RELATED NURSING HOMES		3 OTHER RELATED BUSINESS ENTITIES		
Name	Ownership %	Name	City	Name	City	Type of Business
John R. Snyder	50%	Collinsville Care Center	Collinsville, IL	Snyder Properties	Rushville, IL	Lessor
Vaughn I. Snyder	50%					

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth. [X] YES [ ] NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

	1 Schedule V	2 Line	3 Cost Per General Ledger Item	4 Amount	5 Cost to Related Organization Name of Related Organization	6 Percent of Ownership	7 Operating Cost of Related Organization	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
1	V	30	Depreciation	$	Snyder Properties	100.00%	$ 31,912	$ 31,912	1
2	V	32	Interest		Snyder Properties	100.00%	47,358	47,358	2
3	V	34	Rent	216,000	Snyder Properties	100.00%		(216,000)	3
4	V								4
5	V								5
6	V								6
7	V								7
8	V								8
9	V								9
10	V								10
11	V								11
12	V								12
13	V								13
14	Total			$ 216,000			$ 79,270	$ * (136,730)	14

* Total must agree with the amount recorded on line 34 of Schedule VI.

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Snyders-Vaughn Haven # 0005363 Report Period Beginning: 01/01/04 Ending: 12/31/04

VII. RELATED PARTIES (continued)

C. Statement of Compensation and Other Payments to Owners, Relatives and Members of Board of Directors.

NOTE: ALL owners (even those with less than 5% ownership) and their relatives who receive any type of compensation from this home must be listed on this schedule.

	1	2	3	4	5	6		7		8	
	Name	Title	Function	Ownership Interest	Compensation Received From Other Nursing Homes*	Average Hours Per Work Week Devoted to this Facility and % of Total Work Week: Hours	Percent	Compensation Included in Costs for this Reporting Period**: Description	Amount	Schedule V. Line & Column Reference	
1	John R. Snyder	Administrator	Administrator	50.00	0	50	100.00	Salary	$ 62,143	17(1)	1
2	Vaughn I. Snyder	Officer	Officer	50.00	0	6	15.00	Salary	24,804	17(1)	2
3	Dianne Snyder	COO	COO	0.00	0	50	100.00	Salary	33,560	17(1)	3
4	Aaron Snyder	Clerical	Clerical	0.00	0	32	100.00	Salary	10,233	21(1)	4
5	Edna Busen	Clerical	Clerical	0.00	0	4	10.00	Salary	1,358	21(1)	5
6	Gregg Snyder	Clerical	Clerical	0.00	0	20	50.00	Salary	9,128	21(1)	6
7											7
8											8
9											9
10											10
11											11
12											12
13								TOTAL	$ 141,226		13

* If the owner(s) of this facility or any other related parties listed above have received compensation from other nursing homes, attach a schedule detailing the name(s) of the home(s) as well as the amount paid. THIS AMOUNT MUST AGREE TO THE AMOUNTS CLAIMED ON THE THE OTHER NURSING HOMES' COST REPORTS.

** This must include all forms of compensation paid by related entities and allocated to Schedule V of this report (i.e., management fees). FAILURE TO PROPERLY COMPLETE THIS SCHEDULE INDICATING ALL FORMS OF COMPENSATION RECEIVED FROM THIS HOME, ALL OTHER NURSING HOMES AND MANAGEMENT COMPANIES MAY RESULT IN THE DISALLOWANCE OF SUCH COMPENSATION

Facility Name & ID Number Snyders-Vaughn Haven # 0005363 Report Period Beginning: 01/01/04 Ending: 12/31/04

VIII. ALLOCATION OF INDIRECT COSTS

A. Are there any costs included in this report which were derived from allocations of central office or parent organization costs? (See instructions.) YES [ ] NO [X]

B. Show the allocation of costs below. If necessary, please attach worksheets.

Name of Related Organization N/A
Street Address
City / State / Zip Code
Phone Number ( )
Fax Number ( )

	1 Schedule V Line Reference	2 Item	3 Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	4 Total Units	5 Number of Subunits Being Allocated Among	6 Total Indirect Cost Being Allocated	7 Amount of Salary Cost Contained in Column 6	8 Facility Units	9 Allocation (col.8/col.4)x col.6	
1						$	$		$	1
2										2
3										3
4				N/A						4
5										5
6										6
7										7
8										8
9										9
10										10
11										11
12										12
13										13
14										14
15										15
16										16
17										17
18										18
19										19
20										20
21										21
22										22
23										23
24										24
25	TOTALS					$	$		$	25

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Snyders-Vaughn Haven # 0005363 Report Period Beginning: 01/01/04 Ending: 12/31/04

IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE

A. Interest: (Complete details must be provided for each loan - attach a separate schedule if necessary.)

	1	2		3	4	5	6	7	8	9	10	
	Name of Lender	Related** YES	Related** NO	Purpose of Loan	Monthly Payment Required	Date of Note	Amount of Note Original	Amount of Note Balance	Maturity Date	Interest Rate (4 Digits)	Reporting Period Interest Expense	
	A. Directly Facility Related											
	Long-Term											
1	Schuyler State Bank		X	Vehicle purchase	$613.72	12/22/04	$ 30,744	$ 30,744	01/06/10	0.0769	$ 651	1
2	First Bank		X	Mortgage	$13,445.00	11/01/95	1,133,854	717,567	11/07/15	0.0894	47,358	2
3												3
4												4
5												5
	Working Capital											
6												6
7												7
8												8
9	TOTAL Facility Related				$14,058.72		$ 1,164,598	$ 748,311			$ 48,009	9
	B. Non-Facility Related*											
10												10
11												11
12								Less: Interest income offset			(489)	12
13												13
14	TOTAL Non-Facility Related						$	$			$ (489)	14
15	TOTALS (line 9+line14)						$ 1,164,598	$ 748,311			$ 47,520	15

16) Please indicate the total amount of mortgage insurance expense and the location of this expense on Sch. V. **$** N/A **Line #** N/A

*** Any interest expense reported in this section should be adjusted out on page 5, line 14 and, consequently, page 4, col. 7. (See instructions.)**

SEE ACCOUNTANTS' COMPILATION REPORT

**** If there is ANY overlap in ownership between the facility and the lender, this must be indicated in column 2. (See instructions.)**

Facility Name & ID Number Snyders-Vaughn Haven # 0005363 Report Period Beginning: 01/01/04 Ending: 12/31/04

IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE (continued)

B. Real Estate Taxes

Important, please see the next worksheet, "RE_Tax". The real estate tax statement and bill must accompany the cost report.

1. Real Estate Tax accrual used on 2003 report.		$ 30,000	1
2. Real Estate Taxes paid during the year: (Indicate the tax year to which this payment applies. If payment covers more than one year, detail below.)	2003	$ 29,416	2
3. Under or (over) accrual (line 2 minus line 1).		$ (584)	3
4. Real Estate Tax accrual used for 2004 report. (Detail and explain your calculation of this accrual on the lines below.)		$ 30,000	4
5. Direct costs of an appeal of tax assessments which has NOT been included in professional fees or other general operating costs on Schedule V, sections A, B or C. **(Describe appeal cost below. Attach copies of invoices to support the cost and a copy of the appeal filed with the county.)**		$	5
6. Subtract a refund of real estate taxes. You must offset the full amount of any direct appeal costs classified as a real estate tax cost plus one-half of any remaining refund. **TOTAL REFUND $ For Tax Year. (Attach a copy of the real estate tax appeal board's decision.)**		$	6
7. Real Estate Tax expense reported on Schedule V, line 33. This should be a combination of lines 3 thru 6.		$ 29,416	7

Real Estate Tax History:

Real Estate Tax Bill for Calendar Year:			
	1999	27,564	8
	2000	26,763	9
	2001	28,042	10
	2002	29,434	11
	2003	29,416	12

Accrual - Same as prior year = 30,000

	FOR OHF USE ONLY		
13	FROM R. E. TAX STATEMENT FOR 2003	$	13
14	PLUS APPEAL COST FROM LINE 5	$	14
15	LESS REFUND FROM LINE 6	$	15
16	AMOUNT TO USE FOR RATE CALCULATION	$	16

NOTES:

1. **Please indicate a negative number by use of brackets( ). Deduct any overaccrual of taxes from prior year.**
2. **If facility is a non-profit which pays real estate taxes, you must attach a denial of an application for real estate tax exemption unless the building is rented from a for-profit entity.**
   This denial must be no more than four years old at the time the cost report is filed.

IMPORTANT NOTICE

TO: Long Term Care Facilities with Real Estate Tax Rates **RE:** 2003 REAL ESTATE TAX COST DOCUMENTATION

In order to set the real estate tax portion of the capital rate, it is necessary that we obtain additional information regarding your calendar 2003 real estate tax costs, as well as copies of your original real estate tax bills for calendar 2003.

Please complete the Real Estate Tax Statement below and forward with a copy of your 2003 real estate tax bill to the Department of Public Aid, Office of Health Finance, 201 South Grand Avenue East, Springfield, Illinois 62763.

Please send these items in with your completed 2004 cost report. The cost report will not be considered complete and timely filed until this statement and the corresponding real estate tax bills are filed. If you have any questions,

2003 LONG TERM CARE REAL ESTATE TAX STATEMENT

FACILITY NAME Snyders-Vaughn Haver COUNTY Schuyler

FACILITY IDPH LICENSE NUMBER 0005363

CONTACT PERSON REGARDING THIS REPORT John R. Snyder

TELEPHONE (217) 322-3201 FAX #: (217) 322-6537

A. **Summary of Real Estate Tax Cos**

Enter the tax index number and real estate tax assessed for 2003 on the lines provided below. Enter only the portion of tl cost that applies to the operation of the nursing home in Column D. Real estate tax applicable to any portion of the nursir home property which is vacant, rented to other organizations, or used for purposes other than long term care must not l entered in Column D. Do not include cost for any period other than calendar year 200

	(A) Tax Index Numbe	(B) Property Description	(C) Total Tax	(D) Tax Applicable to Nursing Home
1.	12-170-014-00	Nursing Home	$ 978.20	$ 978.20
2.	12-131-009-00	Nursing Home	$ 165.26	$ 165.26
3.	12-131-003-00	Nursing Home	$ 135.22	$ 135.22
4.	12-126-006-00	Nursing Home	$ 223.28	$ 223.28
5.	12-126-005-00	Nursing Home	$ 53.96	$ 53.96
6.	12-126-004-00	Nursing Home	$ 304.36	$ 304.36
7.	12-126-003-00	Nursing Home	$ 26,710.94	$ 26,710.94
8.	12-040-013-00	Nursing Home	$ 217.24	$ 217.24
9.	12-131-007-00	Nursing Home	$ 57.34	$ 57.34
10.	12-125-001-00 & 12-170-012-00	Nursing Home	$ 570.34	$ 570.34
		TOTALS	$ 29,416.14	$ 29,416.14

B. **Real Estate Tax Cost Allocation**

Does any portion of the tax bill apply to more than one nursing home, vacant property, or property which is not direct used for nursing home services? _____ YES X NO

If YES, attach an explanation & a schedule which shows the calculation of the cost allocated to the nursing hom (Generally the real estate tax cost must be allocated to the nursing home based upon sq. ft. of space used

C. **Tax Bills**

Attach a copy of the original 2003 tax bills which were listed in Section A to this statement. Be sure to use the 200 tax bill which is normally paid during 2004

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Snyders-Vaughn Haven # 0005363 Report Period Beginning: 01/01/04 Ending: 12/31/04

X. BUILDING AND GENERAL INFORMATION:

A. Square Feet: 45,354 B. General Construction Type: Exterior Brick Frame Steel Number of Stories 2

C. Does the Operating Entity? [ ] (a) Own the Facility [X] (b) Rent from a Related Organization. [ ] (c) Rent from Completely Unrelated Organization.

(Facilities checking (a) or (b) must complete Schedule XI. Those checking (c) may complete Schedule XI or Schedule XII-A. See instructions.

D. Does the Operating Entity? [X] (a) Own the Equipment [ ] (b) Rent equipment from a Related Organization. [X] (c) Rent equipment from Completely Unrelated Organization.

(Facilities checking (a) or (b) must complete Schedule XI-C. Those checking (c) may complete Schedule XI-C or Schedule XII-B. See instructions.

E. List all other business entities owned by this operating entity or related to the operating entity that are located on or adjacent to this nursing home's ground
(such as, but not limited to, apartments, assisted living facilities, day training facilities, day care, independent living facilities, nurse aide training facilities, etc.)
List entity name, type of business, square footage, and number of beds/units available (where applicable)

None

F. Does this cost report reflect any organization or pre-operating costs which are being amortized? [ ] YES [X] NO
If so, please complete the following:

1. Total Amount Incurred: 2. Number of Years Over Which it is Being Amortized:

3. Current Period Amortization: 4. Dates Incurred:

Nature of Costs:
(Attach a complete schedule detailing the total amount of organization and pre-operating costs.)

XI. OWNERSHIP COSTS:

A. Land.

	1 Use	2 Square Feet	3 Year Acquired	4 Cost	
1	Resident Care	215,000	1992	$ 41,500	1
2	Resident Care		1997	31,500	2
3	TOTALS	215,000		$ 73,000	3

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Snyders-Vaughn Haven # 0005363 Report Period Beginning: 01/01/04 Ending: 12/31/04

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar

	1 Beds*	FOR OHF USE ONLY	2 Year Acquired	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
4	99		1992		$ 1,276,487	$	40	$ 31,912	$ 31,912	$ 387,095	4
5											5
6											6
7											7
8											8
	Improvement Type**										
9	Prior Years				173,475		Various			173,475	9
10	Drop Ceiling			1993	1,046	70	15	70		831	10
11	Alarm System			1996	9,173	917	10	917		8,712	11
12	Boiler			1996	2,242	224	10	224		1,904	12
13	Landscaping			1997	3,684	368	10	368		2,760	13
14	Roof			1997	3,427	343	10	343		2,572	14
15	Carpet			1997	3,080	308	10	308		2,310	15
16	Door			1997	4,494	449	10	449		3,368	16
17	Boiler			1997	503	50	10	50		375	17
18	A/C - Compressor			1997	839	84	10	84		630	18
19	Boiler			1999	2,840	284	10	284		1,562	19
20	Air Conditioner			1999	3,500	350	10	350		1,925	20
21	Fire Alarm System			1999	55,739	5,574	10	5,574		30,657	21
22	Parking Lot			1999	55,214	5,521	10	5,521		30,474	22
23	Landscaping			2000	23,959	2,396	10	2,396		10,782	23
24	Fire Alarm System			2000	7,032	704	10	704		3,168	24
25	Concrete Sidewalks and Drive			2000	3,379	338	10	338		1,522	25
26	Landscaping			2000	1,079	108	10	108		486	26
27	Concrete Sidewalks and Drive			2000	535	54	10	54		243	27
28	Plumbing Improvements			2000	2,257	226	10	226		1,017	28
29	Wall Coverings			2000	2,870	286	10	286		1,287	29
30	Electrical Improvements			2000	1,243	124	10	124		558	30
31	Door Frame			2000	791	80	10	80		360	31
32	Water Softner			2001	6,543	654	10	654		2,289	32
33	Landscaping			2001	1,804	180	10	180		630	33
34	Roofing			2001	2,934	293	10	293		1,026	34
35	Door Locks			2002	2,783	278	10	278		695	35
36	Storage			2003	7,281	364	10	728	364	1,092	36

*Total beds on this schedule must agree with page 2.

**Improvement type must be detailed in order for the cost report to be considered complete

See Page 12A, Line 70 for total

Facility Name & ID Number Snyders-Vaughn Haven # 0005363 Report Period Beginning: 01/01/04 Ending: 12/31/04

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar

	1 Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
37	Air Conditioners	2004	$ 6,477	$	10	$ 324	$ 324	$ 324	37
38	Air Conditioners	2004	16,031		10	802	802	802	38
39									39
40									40
41									41
42									42
43									43
44									44
45									45
46									46
47									47
48									48
49									49
50									50
51									51
52									52
53									53
54									54
55									55
56									56
57									57
58									58
59									59
60									60
61									61
62									62
63									63
64									64
65									65
66									66
67									67
68									68
69									69
70	TOTAL (lines 4 thru 69)		$ 1,682,741	$ 20,627		$ 54,029	$ 33,402	$ 674,931	70

SEE ACCOUNTANTS' COMPILATION REPORT

**Improvement type must be detailed in order for the cost report to be considered complete

Facility Name & ID Number Snyders-Vaughn Haven # 0005363 Report Period Beginning: 01/01/04 Ending: 12/31/04

XI. OWNERSHIP COSTS (continued)

C. Equipment Depreciation-Excluding Transportation. (See instructions.)

	Category of Equipment	1 Cost	Current Book Depreciation 2	Straight Line Depreciation 3	4 Adjustments	Component Life 5	Accumulated Depreciation 6	
71	Purchased in Prior Years	$ 301,916	$ 8,435	$ 8,435	$	5-10	$ 301,770	71
72	Current Year Purchases	8,319	723	723		10	723	72
73	Fully Depreciated Assets	443,471					443,471	73
74								74
75	TOTALS	$ 753,706	$ 9,158	$ 9,158	$		$ 745,964	75

D. Vehicle Depreciation (See instructions.)*

	1 Use	Model, Make and Year 2	Year Acquired 3	4 Cost	Current Book Depreciation 5	Straight Line Depreciation 6	7 Adjustments	Life in Years 8	Accumulated Depreciation 9	
76	See Schedule 13A	See Schedule 13A	See Sch 13A	$ 27,759	$	$	$	5	$ 27,759	76
77	Resident Care	99 Chrysler van	2004	11,850	1,185	1,185		5	1,185	77
78	Maintenance	'00 Dodge Ram Quad Cab	2000	32,223	6,444	6,444		5	28,998	78
79	Maintenance	2005 Dodge Truck	2004	34,438	3,444	3,444		5	3,444	79
80	TOTALS			$ 106,270	$ 11,073	$ 11,073	$		$ 61,386	80

E. Summary of Care-Related Assets

		1 Reference	2 Amount	
81	Total Historical Cost	(line 3, col.4 + line 70, col.4 + line 75, col.1 + line 80, col.4) + (Pages 12B thru 12I, if applicable)	$ 2,615,717	81
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	$ 40,858	82
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	$ 74,260	83 **
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	$ 33,402	84
85	Accumulated Depreciation	(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	$ 1,482,281	85

F. Depreciable Non-Care Assets Included in General Ledger. (See instructions.)

	1 Description & Year Acquired	2 Cost	Current Book Depreciation 3	Accumulated Depreciation 4	
86		$	$	$	86
87	N/A				87
88					88
89					89
90					90
91	TOTALS	$	$	$	91

G. Construction-in-Progress

	Description	Cost	
92		$	92
93	N/A		93
94			94
95		$	95

* Vehicles used to transport residents to & from day training must be recorded in XI-F, not XI-D.

** This must agree with Schedule V line 30, column 8.

Snyders-Vaughn Haven
Provider #: 0005363
01/01/04 to 12/31/04

Schedule 13A

XI (D) - Vehicle Depreciation

Line 76

Use	Make & Model	Year Acquired	Cost	Current Book Depreciation	Straight Line Depreciation	Adjustments	Life in Years	Accum Depreciation
Maintenance	1990 Dodge van	1991	8,633			-	5	8,633
Maintenance	1995 Dodge truck	1996	11,665			-	5	11,665
Administrative	1997 Plymouth Neon	1997	7,461	-	-	-	5	7,461
			27,759	-	-	-		27,759

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Snyders-Vaughn Haven # 0005363 Report Period Beginning: 01/01/04 Ending: 12/31/04

XII. RENTAL COSTS

A. Building and Fixed Equipment (See instructions.)

1. Name of Party Holding Lease: N/A

2. Does the facility also pay real estate taxes in addition to rental amount shown below on line 7, column 4?
If NO, see instructions. ☐ YES ☐ NO

		1 Year Constructed	2 Number of Beds	3 Original Lease Date	4 Rental Amount	5 Total Years of Lease	6 Total Years Renewal Option*	
3	Original Building:				$ N/A			3
4	Additions							4
5								5
6								6
7	TOTAL				$ **			7

8. List separately any amortization of lease expense included on page 4, line 34.
This amount was calculated by dividing the total amount to be amortized
by the length of the lease .

9. Option to Buy: ☐ YES ☐ NO Terms: N/A *

10. Effective dates of current rental agreement:
Beginning
Ending

11. Rent to be paid in future years under the current rental agreement:

	Fiscal Year Ending	Annual Rent
12.	/2005	$
13.	/2006	$
14.	/2007	$

B. Equipment-Excluding Transportation and Fixed Equipment. (See instructions.)

15. Is Movable equipment rental included in building rental? ☐ YES ☐ NO

16. Rental Amount for movable equipment: $ 4,064 Description: Dishwasher - 1,019; copier - 3,045
(Attach a schedule detailing the breakdown of movable equipment)

C. Vehicle Rental (See instructions.)

	1 Use	2 Model Year and Make	3 Monthly Lease Payment	4 Rental Expense for this Period	
17			$ N/A	$	17
18					18
19					19
20					20
21	TOTAL		$	$	21

* If there is an option to buy the building, please provide complete details on attached schedule.

** This amount plus any amortization of lease expense must agree with page 4, line 34.

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Snyders-Vaughn Haven # 0005363 Report Period Beginning: 01/01/04 Ending: 12/31/04

XIII. EXPENSES RELATING TO NURSE AIDE TRAINING PROGRAMS (See instructions.)

A. TYPE OF TRAINING PROGRAM (If aides are trained in another facility program, attach a schedule listing the facility name, address and cost per aide trained in that facility.)

1. HAVE YOU TRAINED AIDES DURING THIS REPORT PERIOD?
   [ ] YES [X] NO
   It is the policy of this facility to only hire certified nurses aides.
   If "yes", please complete the remainder of this schedule. If "no", provide an explanation as to why this training was not necessary.

2. CLASSROOM PORTION:
   - IN-HOUSE PROGRAM [ ]
   - IN OTHER FACILITY [ ]
   - COMMUNITY COLLEGE [ ]
   - HOURS PER AIDE ____

3. CLINICAL PORTION:
   - IN-HOUSE PROGRAM [ ]
   - IN OTHER FACILITY [ ]
   - HOURS PER AIDE ____

B. EXPENSES

ALLOCATION OF COSTS (d)

		1	2	3	4
		Facility			
		Drop-outs	Completed	Contract	Total
1	Community College Tuition	$	$	$	$
2	Books and Supplies				
3	Classroom Wages (a)				
4	Clinical Wages (b)				
5	In-House Trainer Wages (c)				
6	Transportation				
7	Contractual Payments				
8	Nurse Aide Competency Tests				
9	TOTALS	$	$	$	$
10	SUM OF line 9, col. 1 and 2 (e)	$			

C. CONTRACTUAL INCOME

In the box below record the amount of income your facility received training aides from other facilities.

$

D. NUMBER OF AIDES TRAINED

COMPLETED	
1. From this facility	
2. From other facilities (f)	
DROP-OUTS	
1. From this facility	
2. From other facilities (f)	
TOTAL TRAINED	

(a) Include wages paid during the classroom portion of training. Do not include fringe benefits.
(b) Include wages paid during the clinical portion of training. Do not include fringe benefits.
(c) For in-house training programs only. Do not include fringe benefits.
(d) Allocate based on if the aide is from your facility or is being contracted to be trained in your facility. Drop-out costs can only be for costs incurred by your own aides.
(e) The total amount of Drop-out and Completed Costs for your own aides must agree with Sch. V, line 13, col. 8.
(f) Attach a schedule of the facility names and addresses of those facilities for which you trained aides.

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Snyders-Vaughn Haven # 0005363 Report Period Beginning: 01/01/04 Ending: 12/31/04

XIV. SPECIAL SERVICES (Direct Cost) (See instructions.)

		1	2		3	4	5	6	7	8	
	Service	Schedule V Line & Column Reference	Staff Units of Service		Staff Cost	Outside Practitioner (other than consultant) Units	Outside Practitioner (other than consultant) Cost	Supplies (Actual or) Allocated)	Total Units (Column 2 + 4)	Total Cost (Col. 3 + 5 + 6)	
1	Licensed Occupational Therapist	10A(3)		hrs	$	1	$ 60	$	1	$ 60	1
2	Licensed Speech and Language Development Therapist	10A(3)		hrs		325	16,251		325	16,251	2
3	Licensed Recreational Therapist			hrs							3
4	Licensed Physical Therapist	10A(1),(2), (3)	1850	hrs	38,123	479	23,958	870	2,329	62,951	4
5	Physician Care			visits							5
6	Dental Care			visits							6
7	Work Related Program			hrs							7
8	Habilitation			hrs							8
9	Pharmacy	39(2)		# of prescrpts				34,641		34,641	9
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)			hrs							10
11	Academic Education			hrs							11
12	Exceptional Care Program	39(3)					13,723			13,723	12
13	Other (specify):										13
14	TOTAL				$ 38,123	805	$ 53,992	$ 35,511	2,655	$ 127,626	14

NOTE: This schedule should include fees (other than consultant fees) paid to licensed practitioners. Consultant fees should be detailed on Schedule XVIII-B. Salaries of unlicensed practitioners, such as nurse aides, who help with the above activities should not be listed on this schedule.

SEE ACCOUNTANTS' COMPILATION REPORT

Snyders-Vaughn Haven
Provider #: 0005363
01/01/04 to 12/31/04 **Schedule 16A**

XIV. Special Services
Line 13 Other (specify):

Service	Line Reference	Outside Practioner Units	Cost	Supplies

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Snyders-Vaughn Haven # 0005363 Report Period Beginning: 01/01/04 Ending: 12/31/04

XV. BALANCE SHEET - Unrestricted Operating Fund. As of 12/31/04 (last day of reporting year)

This report must be completed even if financial statements are attached.

		1 Operating	2 After Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	$ 1,147,334	$ 1,147,334	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance -0-)	849,003	849,003	3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	21,924	21,924	6
7	Other Prepaid Expenses	8,516	8,516	7
8	Accounts Receivable (owners or related parties)	48,261	48,261	8
9	Other(specify):			9
10	**TOTAL Current Assets (sum of lines 1 thru 9)**	$ 2,075,038	$ 2,075,038	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land		73,000	13
14	Buildings, at Historical Cost	402,361	1,682,741	14
15	Leasehold Improvements, at Historical Cost			15
16	Equipment, at Historical Cost	855,180	859,976	16
17	Accumulated Depreciation (book methods)	(1,124,412)	(1,482,281)	17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs			19
20	Accumulated Amortization - Organization & Pre-Operating Costs			20
21	Restricted Funds			21
22	Other Long-Term Assets (specify):			22
23	Other(specify): Property Tax Escrow	6,543	6,543	23
24	**TOTAL Long-Term Assets (sum of lines 11 thru 23)**	$ 139,672	$ 1,139,979	24
25	**TOTAL ASSETS (sum of lines 10 and 24)**	$ 2,214,710	$ 3,215,017	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	$ 604,392	$ 604,392	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	44,239	44,239	30
31	Accrued Taxes Payable (excluding real estate taxes)	14,530	14,530	31
32	Accrued Real Estate Taxes(Sch.IX-B)	30,000	30,000	32
33	Accrued Interest Payable			33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
	Other Current Liabilities(specify):			
36	See Schedule 17A	284,460	352,128	36
37				37
38	**TOTAL Current Liabilities (sum of lines 26 thru 37)**	$ 977,621	$ 1,045,289	38
	D. Long-Term Liabilities			
39	Long-Term Notes Payable	30,744	30,744	39
40	Mortgage Payable		717,567	40
41	Bonds Payable			41
42	Deferred Compensation			42
	Other Long-Term Liabilities(specify):			
43				43
44				44
45	**TOTAL Long-Term Liabilities (sum of lines 39 thru 44)**	$ 30,744	$ 748,311	45
46	**TOTAL LIABILITIES (sum of lines 38 and 45)**	$ 1,008,365	$ 1,793,600	46
47	**TOTAL EQUITY(page 18, line 24)**	$ 1,206,345	$ 1,421,417	47
48	**TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)**	$ 2,214,710	$ 3,215,017	48

SEE ACCOUNTANTS' COMPILATION REPORT

***(See instructions.)**

Snyders-Vaughn Haven
Provider #: 0005363
01/01/04 to 12/31/04 **Schedule 17A**

XV. Special Services	Operating	After Consolidation
Line 36 - Other Current Liabilities		
Advanced billing	90,078	90,078
Accrued expenses	194,382	262,050
	284,460	352,128

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Snyders-Vaughn Haven # 0005363 Report Period Beginning: 01/01/04 Ending: 12/31/04

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	**Balance at Beginning of Year, as Previously Reported**	$ 1,040,992	1
2	Restatements (describe):		2
3	**Prior period adjustments**	(251,471)	3
4			4
5			5
6	**Balance at Beginning of Year, as Restated (sum of lines 1-5)**	$ 789,521	6
	A. Additions (deductions):		
7	NET Income (Loss) (from page 19, line 43)	375,024	7
8	Aquisitions of Pooled Companies		8
9	Proceeds from Sale of Stock		9
10	Stock Options Exercised		10
11	Contributions and Grants		11
12	Expenditures for Specific Purposes		12
13	Dividends Paid or Other Distributions to Owners	( )	13
14	Donated Property, Plant, and Equipment		14
15	Other (describe) **Additional Paid-in Capital**	41,800	15
16	Other (describe)		16
17	**TOTAL Additions (deductions) (sum of lines 7-16)**	$ 416,824	17
	B. Transfers (Itemize):		
18			18
19			19
20			20
21			21
22			22
23	**TOTAL Transfers (sum of lines 18-22)**	$	23
24	**BALANCE AT END OF YEAR (sum of lines 6 + 17 + 23)**	$ 1,206,345	24 *

Operating Entity Only

*** This must agree with page 17, line 47.**

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Snyders-Vaughn Haven # 0005363 Report Period Beginning: 01/01/04 Ending: 12/31/04

XVII. INCOME STATEMENT (attach any explanatory footnotes necessary to reconcile this schedule to Schedules V and VI.) All required classifications of revenue and expense must be provided on this form, even if financial statements are attached.

Note: This schedule should show gross revenue and expenses. Do not net revenue against expense.

	Revenue	1 Amount	
	A. Inpatient Care		
1	Gross Revenue -- All Levels of Care	$ 2,002,374	1
2	Discounts and Allowances for all Levels	77,606	2
3	**SUBTOTAL Inpatient Care (line 1 minus line 2)**	$ 2,079,980	3
	B. Ancillary Revenue		
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	75,620	6
7	Oxygen	720	7
8	**SUBTOTAL Ancillary Revenue (lines 4 thru 7)**	$ 76,340	8
	C. Other Operating Revenue		
9	Payments for Education		9
10	Other Government Grants		10
11	Nurses Aide Training Reimbursements		11
12	Gift and Coffee Shop		12
13	Barber and Beauty Care		13
14	Non-Patient Meals	152	14
15	Telephone, Television and Radio		15
16	Rental of Facility Space		16
17	Sale of Drugs	40,776	17
18	Sale of Supplies to Non-Patients		18
19	Laboratory	11,875	19
20	Radiology and X-Ray		20
21	Other Medical Services	18,604	21
22	Laundry		22
23	**SUBTOTAL Other Operating Revenue (lines 9 thru 22)**	$ 71,407	23
	D. Non-Operating Revenue		
24	Contributions		24
25	Interest and Other Investment Income***	376,180	25
26	**SUBTOTAL Non-Operating Revenue (lines 24 and 25)**	$ 376,180	26
	E. Other Revenue (specify):**		
27	Settlement Income (Insurance, Legal, Etc.)		27
28	Vending income	991	28
28a	See Schedule 19A	39,058	28a
29	**SUBTOTAL Other Revenue (lines 27, 28 and 28a)**	$ 40,049	29
30	**TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)**	$ 2,643,956	30

	Expenses	2 Amount	
	A. Operating Expenses		
31	General Services	527,426	31
32	Health Care	854,817	32
33	General Administration	468,452	33
	B. Capital Expense		
34	Ownership	291,118	34
	C. Ancillary Expense		
35	Special Cost Centers	72,091	35
36	Provider Participation Fee	55,028	36
	D. Other Expenses (specify):		
37			37
38			38
39			39
40	**TOTAL EXPENSES (sum of lines 31 thru 39)***	$ 2,268,932	40
41	**Income before Income Taxes (line 30 minus line 40)****	375,024	41
42	**Income Taxes**		42
43	**NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)**	$ 375,024	43

* **This must agree with page 4, line 45, column 4.**

** **Does this agree with taxable income (loss) per Federal Income Tax Return? No If not, please attach a reconciliation.**
Entity is a cash basis taxpayer

*** **See the instructions. If this total amount has not been offset against interest expense on Schedule V, line 32, please include a detailed explanation. SEE ACCOUNTANTS' COMPILATION REPORT**

****Provide a detailed breakdown of "Other Revenue" on an attached sheet.**

Snyders-Vaughn Haven
Provider #: 0005363
01/01/04 to 12/31/04 Schedule 19A

XVII. Income Statement

Line 28a - Other Revenue

State & Federal Income Tax Refunds	37,108
Miscellaneous Income	1,950
	39,058

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Snyders-Vaughn Haven # 0005363 Report Period Beginning: 01/01/04 Ending: 12/31/04

XVIII. A. STAFFING AND SALARY COSTS (Please report each line separately.)
(This schedule must cover the entire reporting period.)

		1 # of Hrs. Actually Worked	2** # of Hrs. Paid and Accrued	3 Reporting Period Total Salaries, Wages	4 Average Hourly Wage	
1	Director of Nursing	2,240	2,316	$ 44,188	$ 19.08	1
2	Assistant Director of Nursing					2
3	Registered Nurses	2,934	3,169	47,447	14.97	3
4	Licensed Practical Nurses	18,882	19,358	249,081	12.87	4
5	Nurse Aides & Orderlies	44,478	45,679	351,265	7.69	5
6	Nurse Aide Trainees					6
7	Licensed Therapist	1,785	1,850	38,123	20.61	7
8	Rehab/Therapy Aides					8
9	Activity Director	1,884	1,971	12,629	6.41	9
10	Activity Assistants					10
11	Social Service Workers	2,024	2,109	19,281	9.14	11
12	Dietician					12
13	Food Service Supervisor	2,080	2,154	28,964	13.45	13
14	Head Cook	6,836	7,333	47,582	6.49	14
15	Cook Helpers/Assistants	6,473	6,958	45,143	6.49	15
16	Dishwashers	2,055	2,140	13,845	6.47	16
17	Maintenance Workers	5,199	5,747	42,822	7.45	17
18	Housekeepers	8,537	9,088	51,169	5.63	18
19	Laundry	4,644	5,072	33,021	6.51	19
20	Administrator	2,080	2,154	62,143	28.85	20
21	Assistant Administrator	2,080	2,152	33,444	15.54	21
22	Other Administrative	2,792	2,912	58,364	20.04	22
23	Office Manager					23
24	Clerical	4,950	5,250	45,181	8.61	24
25	Vocational Instruction					25
26	Academic Instruction					26
27	Medical Director					27
28	Qualified MR Prof. (QMRP)					28
29	Resident Services Coordinator					29
30	Habilitation Aides (DD Homes)					30
31	Medical Records					31
32	Other Health Care(specify)					32
33	Other(specify)					33
34	TOTAL (lines 1 - 33)	121,953	127,412	$ 1,223,692 *	$ 9.60	34

SEE ACCOUNTANTS' COMPILATION REPORT

* This total must agree with page 4, column 1, line 45.

** See instructions.

B. CONSULTANT SERVICES

		1 Number of Hrs. Paid & Accrued	2 Total Consultant Cost for Reporting Period	3 Schedule V Line & Column Reference	
35	Dietary Consultant		$		35
36	Medical Director				36
37	Medical Records Consultant				37
38	Nurse Consultant				38
39	Pharmacist Consultant	Monthly	2,126	10(3)	39
40	Physical Therapy Consultant				40
41	Occupational Therapy Consultant				41
42	Respiratory Therapy Consultant				42
43	Speech Therapy Consultant				43
44	Activity Consultant				44
45	Social Service Consultant	96	3,840	12(3)	45
46	Other(specify) Lab Consultant	12	360	10(3)	46
47					47
48					48
49	TOTAL (lines 35 - 48)	108	$ 6,326		49

C. CONTRACT NURSES

		1 Number of Hrs. Paid & Accrued	2 Total Contract Wages	3 Schedule V Line & Column Reference	
50	Registered Nurses		$		50
51	Licensed Practical Nurses		N/A		51
52	Nurse Aides				52
53	TOTAL (lines 50 - 52)		$		53

Facility Name & ID Number Snyders-Vaughn Haven # 0005363 Report Period Beginning: 01/01/04 Ending: 12/31/04

XIX. SUPPORT SCHEDULES

A. Administrative Salaries

Name	Function	Ownership %	Amount
John R. Snyder	Administrator	50	$ 62,143
Vaughn I. Snyder	Finance	50	24,804
Dianne Snyder	COO	0	33,560
David Grate	Asst. Administrator	0	33,444
TOTAL (agree to Schedule V, line 17, col. 1)			
(List each licensed administrator separately.)			$ 153,951

B. Administrative - Other

Description	Amount
N/A	$
TOTAL (agree to Schedule V, line 17, col. 3)	$
(Attach a copy of any management service agreement)	

C. Professional Services

Vendor/Payee	Type	Amount
Duane Morris	Legal	$ 3,273
Altschuler, Melvoin & Glasser	Accounting	8,495
American Expr. Tax & Bux. Svcs	Accounting	11,700
Personnel Planners, Inc.	Unemployment Consultant	675
Global Exchange Services	Medicare Billing	370
TOTAL (agree to Schedule V, line 19, column 3)		
(If total legal fees exceed $2500 attach copy of invoices.)		$ 24,513

D. Employee Benefits and Payroll Taxes

Description	Amount
Workers' Compensation Insurance	$ 30,043
Unemployment Compensation Insurance	11,469
FICA Taxes	92,797
Employee Health Insurance	
Employee Meals	
Illinois Municipal Retirement Fund (IMRF)*	
Other Employee Relations & Benefits	4,374
TOTAL (agree to Schedule V, line 22, col.8)	$ 138,683

E. Schedule of Non-Cash Compensation Paid to Owners or Employees

Description	Line #	Amount
		$
N/A		
TOTAL		$

F. Dues, Fees, Subscriptions and Promotions

Description	Amount
IDPH License Fee	$ 1,600
Advertising: Employee Recruitment	4,689
Health Care Worker Background Check	
(Indicate # of checks performed 11)	144
Illinois Health Care Association	5,346
Miscellaneous dues	1,300
CLIA license	150
Miscellaneous licenses	392
Less: Public Relations Expense	(460)
Non-allowable advertising	( )
Yellow page advertising	( )
TOTAL (agree to Sch. V, line 20, col. 8)	$ 13,161

G. Schedule of Travel and Seminar**

Description	Amount
Out-of-State Travel	$
In-State Travel	
Seminar Expense	1,161
Entertainment Expense	( )
TOTAL (agree to Sch. V, line 24, col. 8)	$ 1,161

* Attach copy of IMRF notifications

**See instructions.

Snyders-Vaughn Haven
Provider #: 0005363
01/01/04 to 12/31/04 **Schedule 21A**

XIX. SUPPORT SCHEDULE
C. Professional Services

Total (agree to Schedule V, line 19, column 3)	0
Allocated from Management Company	
Total (agree to Schedule V, line 19, column 8)	0

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Snyders-Vaughn Haven # 0005363 Report Period Beginning: 01/01/04 Ending: 12/31/04

XIX-H. SUPPORT SCHEDULE - DEFERRED MAINTENANCE COSTS (which have been included in Sch. V, line 6, col. 3).
(See instructions.)

	1	2	3	4	5	6	7	8	9	10	11	12	13
	Improvement Type	Month & Year Improvement Was Made	Total Cost	Useful Life	Amount of Expense Amortized Per Year								
					FY2001	FY2002	FY2003	FY2004	FY2005	FY2006	FY2007	FY2008	FY2009
1			$		$	$	$	$	$	$	$	$	$
2													
3					N/A								
4													
5													
6													
7													
8													
9													
10													
11													
12													
13													
14													
15													
16													
17													
18													
19													
20	TOTALS		$		$	$	$	$	$	$	$	$	$

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Snyders-Vaughn Haven # 0005363 **Report Period Beginning:** 01/01/04 **Ending:** 12/31/04

XX. GENERAL INFORMATION:

(1) Are nursing employees (RN,LPN,NA) represented by a union? **No**

(2) Are there any dues to nursing home associations included on the cost report? **Yes**
If YES, give association name and amount. **Illinois Health Care Association - 5,346**

(3) Did the nursing home make political contributions or payments to a politica
action organization? **No** If YES, have these costs
been properly adjusted out of the cost report? **N/A**

(4) Does the bed capacity of the building differ from the number of beds licensed at the
end of the fiscal year? **No** If YES, what is the capacity?

(5) Have you properly capitalized all major repairs and equipment purchases? **Yes**
What was the average life used for new equipment added during this period? **10 years**

(6) Indicate the total amount of both disposable and non-disposable diaper expense
and the location of this expense on Sch. V. $ **6,281** Line **10(2)**

(7) Have all costs reported on this form been determined using accounting procedures
consistent with prior reports? **Yes** If NO, attach a complete explanation.

(8) Are you presently operating under a sale and leaseback arrangement? **No**
If YES, give effective date of lease. **N/A**

(9) Are you presently operating under a sublease agreement? YES **X** NO

(10) Was this home previously operated by a related party (as is defined in the instructions for
Schedule VII)? YES NO **X** If YES, please indicate name of the facility,
IDPH license number of this related party and the date the present owners took over
N/A

(11) Indicate the amount of the Provider Participation Fees paid and accrued to the Department
of Public Aid during this cost report period. $ **55,028**
This amount is to be recorded on line 42 of Schedule V.

(12) Are there any salary costs which have been allocated to more than one line on Schedule V
for an individual employee? **No** If YES, attach an explanation of the allocation.

SEE ACCOUNTANTS' COMPILATION REPORT

(13) Have costs for all supplies and services which are of the type that can be billed to
the Department of Public Aid, in addition to the daily rate, been properly classifiec
in the Ancillary Section of Schedule V? **Yes**

(14) Is a portion of the building used for any function other than long term care services for
the patient census listed on page 2, Section B? **No** For example,
is a portion of the building used for rental, a pharmacy, day care, etc.) If YES, attach
a schedule which explains how all related costs were allocated to these functions

(15) Indicate the cost of employee meals that has been reclassified to employee benefits
on Schedule V. $ **None** Has any meal income been offset against
related costs? **Yes** Indicate the amount. $ **152**

(16) Travel and Transportation
a. Are there costs included for out-of-state travel? **No**
If YES, attach a complete explanation. N/A
b. Do you have a separate contract with the Department to provide medical transportation for
residents? **No** If YES, please indicate the amount of income earned from such a
program during this reporting period. $ **N/A**
c. What percent of all travel expense relates to transportation of nurses and patients? **0**
d. Have vehicle usage logs been maintained? **Adequate records have been maintained.**
e. Are all vehicles stored at the nursing home during the night and all other
times when not in use? **Adequate records are maintained.**
f. Has the cost for commuting or other personal use of autos been adjusted
out of the cost report? **N/A**
g. Does the facility transport residents to and from day training? No
Indicate the amount of income earned from providing such
transportation during this reporting period. $ **N/A**

(17) Has an audit been performed by an independent certified public accounting firm? **No**
Firm Name: **N/A** The instructions for the
cost report require that a copy of this audit be included with the cost report. Has this copy
been attached? **N/A** If no, please explain. **N/A**

(18) Have all costs which do not relate to the provision of long term care been adjusted ou
out of Schedule V? **Yes**

(19) If total legal fees are in excess of $2500, have legal invoices and a summary of services
performed been attached to this cost report? **Yes**
Attach invoices and a summary of services for all architect and appraisal fees.

	Salaries	Supplies	Other	Total	Reclass-ifications	Reclassified Total	Adjustments	Adjusted Total
1. Dietary	135,534	16,587	0	152,121	0	152,121	0	152,121
2. Food Purchase	0	109,655	0	109,655	0	109,655	-1,143	108,512
3. Housekeeping	51,169	7,238	955	59,362	0	59,362	0	59,362
4. Laundry	33,021	14,174	0	47,195	0	47,195	0	47,195
5. Heat and Other Utilities	0	0	75,881	75,881	0	75,881	0	75,881
6. Maintenance	42,822	19,283	21,107	83,212	0	83,212	0	83,212
7. Other (specify)*	0	0	0	0	0	0	0	0
8. Total General Services	262,546	166,937	97,943	527,426	0	527,426	-1,143	526,283
9. Medical Director	0	0	0	0	0	0	0	0
10. Nursing & Medical Records	691,981	40,940	2,486	735,407	0	735,407	0	735,407
10a. Therapy	38,123	870	40,269	79,262	0	79,262	0	79,262
11. Activities	12,629	3,401	997	17,027	0	17,027	0	17,027
12. Social Services	19,281	0	3,840	23,121	0	23,121	0	23,121
13. Nurse Aide Training	0	0	0	0	0	0	0	0
14. Program Transportation	0	0	0	0	0	0	0	0
15. Other (specify)*	0	0	0	0	0	0	0	0
16. Total Health Care & Programs	762,014	45,211	47,592	854,817	0	854,817	0	854,817
17. Administrative	153,951	0	0	153,951	0	153,951	0	153,951
18. Directors Fees	0	0	0	0	0	0	0	0
19. Professional Services	0	0	24,513	24,513	0	24,513	0	24,513
20. Fees, Subscriptions & Promotion	0	0	13,621	13,621	0	13,621	-460	13,161
21. Clerical & General Office	45,181	6,230	22,199	73,610	0	73,610	-1,221	72,389
22. Employee Benefits & Payroll	0	0	106,846	106,846	0	106,846	31,837	138,683
23. Inservice Training & Education	0	0	0	0	0	0	0	0
24. Travel and Seminar	0	0	1,161	1,161	0	1,161	0	1,161
25. Other Admin. Staff Trans	0	0	5,384	5,384	0	5,384	0	5,384
26. Insurance-Prop.Liab.Malpractice	0	0	89,366	89,366	0	89,366	0	89,366
27. Other (specify)*	0	0	0	0	0	0	0	0
28. Total General Adminis	199,132	6,230	263,090	468,452	0	468,452	30,156	498,608
29. Total General Administrative	1,223,692	218,378	408,625	1,850,695	0	1,850,695	29,013	1,879,708
30. Depreciation	0	0	40,546	40,546	0	40,546	33,714	74,260
31. Amortization of Pre-Op. & Org.	0	0	0	0	0	0	0	0
32. Interest	0	0	651	651	0	651	46,869	47,520
33. Real Estate	0	0	29,857	29,857	0	29,857	-441	29,416
34. Rent - Facility & Grounds	0	0	216,000	216,000	0	216,000	-216,000	0
35. Rent - Equipment & Vehicles	0	0	4,064	4,064	0	4,064	0	4,064
36. Other (specify):*	0	0	0	0	0	0	0	0
37. Total Ownership	0	0	291,118	291,118	0	291,118	-135,858	155,260
38. Medically Necessary T	0	0	0	0	0	0	0	0
39. Ancillary Service Cent	0	34,641	13,723	48,364	0	48,364	0	48,364
40. Barber and Beauty Shop	0	0	864	864	0	864	0	864
41. Coffee and Gift Shops	0	0	0	0	0	0	0	0
42	0	0	55,028	55,028	0	55,028	0	55,028
43. Other (specify):*	0	0	22,863	22,863	0	22,863	-22,863	0
44. Total Special Cost Ce	0	34,641	92,478	127,119	0	127,119	-22,863	104,256
45. Grand Total	1,223,692	253,019	792,221	2,268,932	0	2,268,932	-129,708	2,139,224

	Operating	After Consolidation
General Service Cost Center		
1. Cash on hand and in banks	1,147,334	1,147,334
2. Cash - Patient Deposits	0	0
3. Accounts & Notes Recievable	849,003	849,003
4. Supply Inventory	0	0
5. Short-Term Investments	0	0
6. Prepaid Insurance	21,924	21,924
7. Other Prepaid Expenses	8,516	8,516
8. Accounts Receivable-Owner/Related Party	48,261	48,261
9. Other (specify):	0	0
10. Total current assets	2,075,038	2,075,038
LONG TERM ASSETS		
11. Long-Term Notes Receivable	0	0
12. Long-Term Investments	0	0
13. Land	0	73,000
14. Buildings, at Historical Cost	402,361	1,682,741
15. Leasehold Improvements, Historical Cost	0	0
16. Equipment, at Historical Cost	855,180	859,976
17. Accumulated Depreciation (book methods)	-1,124,412	-1,482,281
18. Deferred Charges	0	0
19. Organization & Pre-Operating Costs	0	0
20. Accum Amort - Org/Pre-Op Costs	0	0
21. Restricted Funds	0	0
22. Other Long-Term Assets (specify):	0	0
23. other (specify):	6,543	6,543
24. Total Long-Term Assets	139,672	1,139,979
25. Total Assets	2,214,710	3,215,017
CURRENT LIABILITIES		
26. Accounts Payable	604,392	604,392
27. Officer's Accounts Payable	0	0
28. Accounts Payable-Patients Deposits	0	0
29. Short-Term Notes Payable	0	0
30. Accrued Salaries Payable	44,239	44,239
31. Accrued Taxes Payable	14,530	14,530
32. Accrued Real Estate Taxes	30,000	30,000
33. Accrued Interest Payable	0	0
34. Deferred Compensation	0	0
35. Federal and State Income Taxes	0	0
36. Other Current Liabilities (specify):	284,460	352,128
37. Other Current Liabilities (specify):	0	0
38. Total Current Liabilities	977,621	1,045,289
LONG TERM LIABILITES		
39.Long-Term Notes Payable	30,744	30,744
40.Mortgage Payable	0	717,567
41.Bonds Payable	0	0
42.Deferred Compensation	0	0
43.Other Long-Term Liabilities (specify):	0	0
44.Other Long-Term Liabilities (specify):	0	0
45.Total Long-Term Liabilities	30,744	748,311
46.Total Liabilities	1,008,365	1,793,600
47.Total Equity	1,206,346	1,421,417
48.Total Liabilities and Equity	2,214,711	3,215,017

	Balance per Medicaid Trial Balance
1. Gross Revenue - All levels of Care	2,002,374
2. Discounts and Allowances for all Levels	77,606
Subtotal - Inpatient Care	2,079,980
4. Day Care	0
5. Other Care for Outpatients	0
6. Therapy	75,620
7. Oxygen	720
Subtotal - Anciliary Revenue	76,340
9. Payments for Education	0
10. Other Governmental Grants	0
11. Nurses Aide Training Reimbursements	0
12. Gift and Coffee Shop	0
13. Barber and Beauty Care	0
14. Non-Patient Meals	152
15. Telephone, Television, and Radio	0
16. Rental of Facility Space	0
17. Sale of Drugs	40,776
18. Sale of Supplies to Non-Patients	0
19. Laboratory	11,875
20. Radiologyand X-Ray	0
21. Other Medical Services	18,604
22. Laundry	0
Subtotal - Other Operating Revenue	71,407
24. Contributions	0
25. Interest and Other Investments Income	376,180
Subtotal - Non-Operating Revenue	376,180
27. Other Revenue (specify):	40,049
28. Other Revenue (specify):	0
Subtotal - Other Revenue	40,049
30. Total Revenue	2,643,956
31. General Services	527,426
32. Health Care	854,817
33. General Administration	468,452
34. Ownership	291,118
35. Special Cost Centers	72,091
35. Provider Participation Fee	55,028
37. Other	0
40. Total Expenses	2,268,932
41. Income Before Income Taxes	375,024
42. Income Taxes	0
43. Net Income or Loss for the Year	375,024